



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR WATER SYSTEM/PUMP PERMIT
FEE: \$50.00

In accordance with M.G.L. c.111, sec.31 and the Rules and regulations of the Westford Board of Health, the undersigned hereby applies for a permit to install () or () repair a: () residential () commercial () industrial () irrigation () public pump/water system at _____
Address Lot #

Location: (House #, Street Name, and Lot #) _____

Owner _____

Pump Contractor _____
Print Name Signature

Contractor's Address _____ Phone # () _____

Westford Water System License # _____

Specific nature of repairs/work: _____

Inspections Made _____ Trench _____ Date _____

Inspections Made _____ Final _____ Date _____

PLEASE MAKE CHECKS PAYABLE TO TOWN OF WESTFORD
WORK STARTED WITHOUT A PERMIT IS SUBJECT TO DOUBLE FEE.